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<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
							<b>CLAIMS</b>			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
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TOTAL IND.	3	↓			■			↓		
TOTAL DEP.	9		←			←			←	
TOTAL CLAIMS	11									
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